



MAKE-A-RECORD

COFL

In The United States Patent And Trademark Office

Applicant: Kari Juppi et al. Date: June 1, 2009
Date Filed: July 13, 2006 Docket No.: METSO-63
App. No.: 10/597,175 Art Unit: 3743
Patent No.: 7,536,806 Issue Date: May 26, 2009
For: Arrangement in a Paper Machine Examiner: J. Lu

Certificate of Mailing

I hereby certify that this correspondence is being deposited
with the United States Postal Service as first class mail in
an envelope addressed to:
Commissioner for Patents,
P.O. Box 1450, Alexandria, VA 22313-1450

on June 1, 2009
Date

Signature

Patrick J.G. Stiennon, Reg. No. 34934
Name of applicant, assignee or Registered Representative

NOTICE OF PRINTING ERROR

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

A review of the above-identified Letters Patent has indicated the existence of the following printing error:

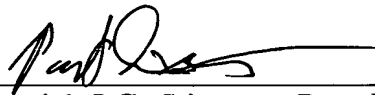
On the front page of the patent under the heading PCT No.:, "PCT/IF2005/050006" should be --PCT/FI2005/050006-- as written on the Clean Copy of Substitute Specification dated July 13, 2006, on page 2, line 3.

It is requested that this Notice of Printing Error be placed in the file wrapper of the

Applicant: Kari Juppi et al.
Application No.: 10/597,175
Art Unit: 3743

above-referenced Letters Patent in order to complete the record.

Respectfully submitted,

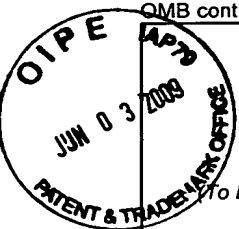


Patrick J.G. Stiennon, Reg. No. 34934
Attorney for Applicant
Stiennon & Stiennon
612 W. Main Street, Suite 201
P.O. Box 1667
Madison, WI 53701-1667
608-250-4870

Error.res/amdt

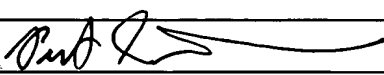
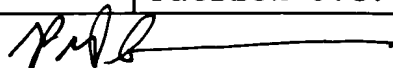
Please type a plus sign (+) inside this box → 


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

TRANSMITTAL FORM (To be used for all correspondence after initial filing)		Application Number	10/597,175	
		Filing Date	July 13, 2006	
		First Named Inventor	Kari Juppi	
		Group Art Unit	3743	
		Examiner Name	J. Lu	
Total Number of Pages in This Submission		Attorney Docket Number	METSO-63	
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Assignment Papers (For an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) And Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund		<input type="checkbox"/> After Allowance Communication To Group <input type="checkbox"/> Appeal Communication to Board Of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (Please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> * Notice of Printing Error </div>
Remarks		The Commissioner is hereby authorized to charge any additional fees that may be required with respect to this communication, or credit any overpayment, to Deposit Account No. 50-2663.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT				
Firm or Individual name	Patrick J.G. Stiennon, Reg. No. 34934			
Signature				
Date	June 1, 2009			
CERTIFICATE OF MAILING				
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:				June 1, 2009
Typed or printed name		Patrick J.G. Stiennon, Reg. No. 34934		
Signature			Date	June 1, 2009

Please type a plus sign (+) inside this box → 

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



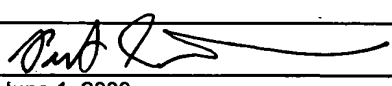
TRANSMITTAL FORM

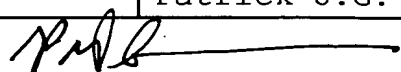
to be used for all correspondence after initial filing)

Application Number		10/597,175	
Filing Date		July 13, 2006	
First Named Inventor		Kari Juppi	
Group Art Unit		3743	
Examiner Name		J. Lu	
Total Number of Pages in This Submission		Attorney Docket Number	
		METSO-63	

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (For an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) And Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication To Group <input type="checkbox"/> Appeal Communication to Board Of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (Please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> * Notice of Printing Error </div>
---	---	--

Remarks	The Commissioner is hereby authorized to charge any additional fees that may be required with respect to this communication, or credit any overpayment, to Deposit Account No. 50-2663.
---------	---

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Patrick J.G. Stiennon, Reg. No. 34934
Signature	
Date	June 1, 2009

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:	
June 1, 2009	
Typed or printed name	Patrick J.G. Stiennon, Reg. No. 34934
Signature	
Date	June 1, 2009